Image# 14961300921 PAGE 1 / 48

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTIM OX FO	r Other Than An Au	thorized Committee	Office Use Only	
1. NAME OF TY COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing over the lines.	type 12FE4M5	
American Academy of F	amily Physicians F	Political Action Con	mmittee	
<u> </u>				
ADDRESS (number and street)	1133 Connecticut Avenue,	NW		I
TODITESS (number and street)	Suite 1100			
Check if different than previously reported. (ACC)	Washington		DC 20036	
2. FEC IDENTIFICATION NUM	IBER ▼ CI	TY▲	STATE ▲ ZIP CODE	^
C C00411553		IS THIS NE NE (N)		
4. TYPE OF REPORT (Choose One)	Report Due On:		1 20 (M6) Sep 20 (M9) De (No	ov 20 (M11) on-Election ar Only) ec 20 (M12) on-Election
(a) Quarterly Reports:	Ap	r 20 (M4) Ju		n 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G) Rui	noff (12R)
July 15 Quarterly Report (Q2)	PRF-Election	Convention (12		ioli (12h)
October 15 Quarterly Report (Q3)				
January 31 Year-End Report (YE)	Electi	ion on	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Spe	ecial (30S)
Termination Report (TER)		ion on	in the State of	
5. Covering Period 04	01 2014	through	04 30 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
I certify that I have examined this	Report and to the best of	of my knowledge and be	lief it is true, correct and complete.	
Type or Print Name of Treasurer	Hugh M Taylor MD			
Signature of Treasurer Hugh M	Taylor MD	[Electronically F		2014
NOTE: Submission of false, erroneo	us, or incomplete information	on may subject the perso	n signing this Report to the penalties of 2 U.S.	C. §437g.
Office Use Only			FEC FORM Rev. 12/2004	3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 04 01 2014 To: 04 30 2014

COLUMN A
This Period Calendar Year-to-Date

- 619991.08

409043.60

170717.82

- - 449273.26 449273.26
- 9. Debts and Obligations Owed **TO**the Committee (Itemize all on
 Schedule C and/or Schedule D)

(subtract Line 7 from Line 6(d)).....

Cash on Hand at Close of

Reporting Period

- 0.00
- Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)

	_				-	
					0.00	
	- 19		7			
	-		-			

×

8.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period					
. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees		10050111				
(i) Itemized (use Schedule A)	43664.91	138501.14				
(ii) Unitemized	, 17890.02	62303.45				
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	61554.93	200804.59				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	0.00	0.00				
(such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry		000004.50				
Totals to Line 33, page 5)▶	61554.93	200804.59				
. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00	0.00				
3. All Loans Received	0.00	0.00				
Loan Repayments Received	0.00	0.00				
6. Offsets To Operating Expenditures	·	,				
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	670.94	2642.89				
6. Refunds of Contributions Made	,	,				
to Federal Candidates and Other						
Political Committees	7500.00	7500.00				
. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
s. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,					
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
	69725.87	2109-				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	69725.87	210947.48				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Tour to Duto
	(i) Federal Share	0.00	0.00
	··	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	717.83	2667.82
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))	717.83	2667.82
	Transfers to Affiliated/Other Party Committees	0.00	0.00
. (Contributions to Federal Candidates/Committees	7	
i	and Other Political Committees	14500.00	168000.00
	Independent Expenditures	0.00	0.00
. ((use Schedule E) Coordinated Party Expenditures		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loan nepayments wave		7 7 7
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	50.00
	man Folitical Committees	3.00	, , , ,
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(30011 43 1 703)	7	7
	(d) Total Contribution Refunds	0.00	5000
	(add Lines 28(a), (b), and (c))▶	0.00	50.00
. (Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
1	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15217.83	170717.82
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	45047.00	470747.00
1	from Line 31)	15217.83	170717.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	61554.93	200804.59
4. Total Contribution Refunds (from Line 28(d))	0.00	50.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61554.93	200754.59
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	717.83	2667.82
. Offsets to Operating Expenditures (from Line 15, page 3)	670.94	2642.89
3. Net Operating Expenditures (subtract Line 37 from Line 36)	46.89	24.93

1mage# 14961300926 PAGE 6 / 48

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA

Transaction ID:

Amended to capture March amended filing

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	48
(check only one)									
X	11a [11b		11c		12		
1	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan M Anderson MD

Date of Receipt

Susan M Anderson MD		Date of Receipt
Mailing Address 223 N 7Th Ave		04 16 2014 _
City	State Zip Code	Transaction ID : C2715976
Canistota	SD 57012-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	+
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Evan Ashkin MD		Date of Receipt
Mailing Address 1528 Pinecrest Rd		04 22 2014
City	State Zip Code	Transaction ID : C2720266
Durham	NC 27705-5817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer UNC Chapel Hill	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	565.00	
Full Name (Last, First, Middle Initial) Gordon Hugh Baustian MD		Date of Receipt
Mailing Address 3864 Lost Valley Rd SE		04 10 2014
City	State Zip Code	Transaction ID : C2709829
Cedar Rapids	IA 52403-2008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
-		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE		8	OF	48			
(check only one)								
X 11	а	11b		11c		12		
13	3	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) 1. D Michael Michael Baxter MD		Date of Receipt
Mailing Address 301 S 7th Ave Ste 200		04 08 2014
City	State Zip Code	Transaction ID : C2704149
West Reading	PA 19611-1410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) 3. John L Bender MD		Date of Receipt
Mailing Address 4674 Snow Mesa Dr Ste 1	140	04 08 2014
City	State Zip Code	Transaction ID : C2703834
Fort Collins	CO 80528-8614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Miramont Family Medicine	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Jerome W Bentz MD	'	Date of Receipt
Mailing Address PO Box 873		04 08 2014
City	State Zip Code	Transaction ID : C2703866
Platte	SD 57369-0873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Platte Health Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	l) >	1730.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF	48
(check only one)									
X	11a		11b		11c		12		
1	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Wendy S Biggs MD Mailing Address 11400 Tomahawk Creek	Pkwy	Date of Receipt
City	State Zip Code	04 08 2014 Transaction ID : C3704170
Leawood	KS 66211-2680	Transaction ID : C2704170
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Karla L Birkholz MD		Date of Receipt
Mailing Address 6320B W Union Hills Dr		M = M / D = D / Y = Y = Y
Ste 2300	State 7in Code	04 28 2014
City Glendale	State Zip Code AZ 85308-7112	Transaction ID : C2722057
FEC ID number of contributing federal political committee.	C 03300-7112	Amount of Each Receipt this Period 365.00
•	Occupation	
Name of Employer Your Family Physician	Occupation	
Receipt For:	Physician	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Reid B Blackwelder MD		Date of Receipt
Mailing Address 4407 Leedy Rd		04 14 2014
City Kingsport	State Zip Code TN 37664-2117	Transaction ID : C2713465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
ETSU	Professor, Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	1	10	OF	48			
(check only one)								
X	11a	11b		11c		12		
	13	14		15		16		17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

Mott Parks Blair MD

Date of Receipt

<u>/</u>		
Full Name (Last, First, Middle Initial) Mott Parks Blair MD		Date of Receipt
Mailing Address 411 E Westbrook St		04 09 2014
City	State Zip Code	Transaction ID : C2704709
Wallace	NC 28466-1514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate ¥	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. Edward Asher Blumen MD		Date of Receipt
Mailing Address 1720 Maple Ave		04 10 2014
City	State Zip Code	Transaction ID : C2710019
Evanston	IL 60201-3101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. E Chris C Bush MD		Date of Receipt
Mailing Address 8597 Marquette Dr		M M / D D / Y Y Y Y
c coor manquone 2.		04 28 2014
City	State Zip Code	Transaction ID : C2722054
Grosse Ile	MI 48138-1567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).	>	1650.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	1	11	OF		48
(che	(check only one)									
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Academy of Fami	ly Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Dennis M Carroll MD		Date of Receipt
Mailing Address 1380 1500th St		04 16 _ 2014 _
City	State Zip Code	Transaction ID : C2716012
Lincoln	IL 62656-5127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	+
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD	·	Date of Receipt
Mailing Address PO BOX 506		04 30 2014
City	State Zip Code	Transaction ID : C2725438
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Physician	
Receipt For:		+
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		04 23 2014
City	State Zip Code	Transaction ID : C2720315
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.66
Name of Employer	Occupation	+
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1666 64	
Other (specify) ▼	1666.64	
SUBTOTAL of Receipts This Page (options	al)	816.66
1 3 (4)	·	
TOTAL This Period (last page this line nur	mber only)	

FOR	LINE	NUI	MBER	:	PAGE	. 1	12	OF		48
(che	ck only	on	e)							
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	13		14		15		16			17

	g the name and address of any political committee	
,	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Ciprian Crismaru MD Mailing Address 1591 Dexter Lake Dr Apt 203 City Cordova FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TN 38016-1305 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 28 2014 Transaction ID: C2722083 Amount of Each Receipt this Period 91.25
Other (specify) ▼ Full Name (Last, First, Middle Initial)	365.00	
John S Cullen MD Mailing Address PO Box 2504		Date of Receipt 04 08 2014
City Valdez FEC ID number of contributing federal political committee.	State Zip Code AK 99686-2504	Transaction ID : C2704146 Amount of Each Receipt this Period 692.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 692.00	
Full Name (Last, First, Middle Initial) Liana T Dao MD Mailing Address 230 Riverside Dr Apt 11P City New York	State Zip Code NY 10025-6192	Date of Receipt 04 28 2014 Transaction ID: C2722070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 365.00	365.00
SUBTOTAL of Receipts This Page (optional	al)	1148.25
TOTAL This Period (last page this line nun	<u>·</u>	

	FOF	LINE	NU	MBER	:	PAGE	•	13	OF		48	
	(che	ck only	or	ne)								
X 11a 11b 11c 12												
		13		14		15		16			17	

	/ Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) John D Davis MD Mailing Address, 171 Honoy Crock Rapph 6	Date of Receipt	
Mailing Address 171 Honey Creek Ranch F		04 10 2014
City	State Zip Code	Transaction ID : C2709363
Hunt	TX 78024-3080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	_
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Jason B Dees MD		Date of Receipt
Mailing Address 620 W Longview Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	04 08 2014 Transaction ID : C2702002
New Albany	MS 38652-2415	Transaction ID : C2703902 Amount of Each Receipt this Period
FEC ID number of contributing		7ount of Edon Floodpt this 1 chou
federal political committee.	C	1500.00
Name of Employer	Occupation	\dashv
Magnolia Health Plan	Chief Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
Full Name (Last, First, Middle Initial) Daniel J Derksen MD		Date of Receipt
Mailing Address 9920 N Desert Sky Pl		04 09 2014
City	State Zip Code	Transaction ID : C2704710
Oro Valley	AZ 85737-6842	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	_
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page (optional),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3800.00

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

48

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Thomas Edwin Evans MD Date of Receipt Mailing Address 11082 N Radio Station Rd 04 09 2014 City Zip Code State Transaction ID: C2704896 SC Seneca 29678-1142 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Allen Felger MD Date of Receipt Mailing Address 51181 Kings Xing 04 80 2014 City State Zip Code Transaction ID: C2703879 IN Granger 46530-8812 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 2014 04 28 City Zip Code State Transaction ID: C2722087 PΑ York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Family Physician Strategic Health Institute Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 1215.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

ı	FOR LINE	E NUMBER	: PAGE	E 15 OF	48
	(check on	ly one)			
	X 11a	11b	11c	12	
	13	14	15	16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee / Physicians Political Action Commi	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Conrad L Flick MD Mailing Address 103 Greenway Overlook City Cary FEC ID number of contributing federal political committee. Name of Employer Family Medical Associates of Raleigh Receipt For: Primary General Other (specify)	State Zip Code NC 27518-9053 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 04 08 2014 Transaction ID : C2703828 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) S Gay Freeman MD Mailing Address 94 Morton Rd City South Chatham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MA 02659-1303 C Occupation Physician Aggregate Year-to-Date ▼ 1100.00	Date of Receipt 04 10 2014 Transaction ID: C2708520 Amount of Each Receipt this Period 1100.00
Full Name (Last, First, Middle Initial) Corrine M Ganske MD Mailing Address 840 E University Ave City Des Moines FEC ID number of contributing federal political committee. Name of Employer lowa Health Des Moines Receipt For: Primary General Other (specify)	State Zip Code IA 50316-2304 C Occupation Residency Program Director Aggregate Year-to-Date ▼ 250.00	Date of Receipt 04 28 2014 Transaction ID : C2722051 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional	l) >	2350.00
TOTAL This Period (last page this line num	ber only)	

	FOR	:	PAGE	. 1	16	OF		48			
(check only one) X 11a 11b 11c 12											
	X	11a		11b		11c		12			
		13		14		15		16			17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee y Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Michael Edward Grady MD Mailing Address 220 Tillicum Dr City Silverton FEC ID number of contributing federal political committee.	State Zip Code OR 97381-1886	Date of Receipt 04 30 2014 Transaction ID: C2725428 Amount of Each Receipt this Period 370.00
Name of Employer Michael Grady Receipt For: Primary General Other (specify) ▼	Occupation family physician Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) Gregory G Grant MD Mailing Address 2728 Old Town Trl City Shawnee FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code OK 74804-5601 C Occupation Physician	Date of Receipt 04 28 2014 Transaction ID : C2722045 Amount of Each Receipt this Period 365.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Lynn S Gray MD Mailing Address 9875 Wildberry Ln City Berrien Springs FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49103-9154 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M O9 2014 Transaction ID : C2704700 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional	al)	1100.00
TOTAL This Period (last page this line num	ober only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
,	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Gregory K Griggs Mailing Address NC AFP - Exec Vice Pres PO Box 10278 City Raleigh	State Zip Code NC 27605-0278	Date of Receipt M = M
FEC ID number of contributing federal political committee. Name of Employer NC AFP Receipt For: Primary General Other (specify)	Occupation NC AFP Aggregate Year-to-Date ▼ 201.00	100.00
Full Name (Last, First, Middle Initial) Jeffrey Allen Harwood MD Mailing Address PO BOX 125 187 West Main Street City New London FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44851-0125 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 04 08 2014 Transaction ID: C2703855 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Eric James Heathers MD Mailing Address 767 Riverview Dr City Kokomo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IN 46901-7025 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 04 10 2014 Transaction ID : C2708497 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	•	715.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Mailing Address 1305 W 18th St		Date of Receipt
	01-1- 7'- 0-1-	04 06 2014
City Sioux Falls	State Zip Code SD 57105-0401	Transaction ID : C2702754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Sioux Valley Health Systems Receipt For:	Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
Full Name (Last, First, Middle Initial) 3. Miyoshi L Henry MD	'	Date of Receipt
Mailing Address 3030 William Tell St		04 16 2014
City Slidell	State Zip Code LA 70458-4344	Transaction ID : C2715982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Slydale Memorial Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address W7876 County Road O		04 10 _ 2014 _
City Mauston	State Zip Code WI 53948-9328	Transaction ID : C2709094 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optiona	l)	930.00
TOTAL This Period (last page this line num	ber only)	

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NAME OF COMMITTEE (In Full)	Physicians Political Action Committee	
Full Name (Last, First, Middle Initial) David Martin Hoffmann MD Mailing Address W7876 County Road O		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Mauston	State Zip Code WI 53948-9328	Transaction ID : C2709362
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann DO Mailing Address PO Box 370		Date of Receipt
City Guttenberg FEC ID number of contributing	State Zip Code IA 52052-0370	04 23 2014 Transaction ID : C2720302 Amount of Each Receipt this Period
federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Susan Hogeland CAE Mailing Address Exec Vice Pres CA AFP 1520 Pacific Ave City	State Zip Code	Date of Receipt M
San Francisco FEC ID number of contributing federal political committee.	CA 94109-2627	Amount of Each Receipt this Period 250.00
Name of Employer California Academy of Family Physician Receipt For: Primary General Other (specify)	Occupation Administrator Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1115.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using the	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Po-Yin Samuel Huang Mailing Address 2700 Cahuenga Blvd E Apt 4109 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer s Receipt For: Primary Other (specify)	State Zip Code CA 90068-2109 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 08 2014 Transaction ID : C2704174 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Paul Arthur James MD Mailing Address 475 Butternut Ln		Date of Receipt
City Iowa City FEC ID number of contributing federal political committee.	State Zip Code IA 52246-2782	Transaction ID : C2703870 Amount of Each Receipt this Period 365.00
Name of Employer University of Iowa Receipt For: Primary General Other (specify) ▼	Occupation Professor Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Chad Duane Johanning MD Mailing Address 820 Ravenhill Dr Ste 102 Suite 102 City Atchison FEC ID number of contributing federal political committee. Name of Employer Atchison Hospital Receipt For: Primary General Other (specify)	State Zip Code KS 66002-9230 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / 07 2014 Transaction ID: C2703595 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)		1230.00
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial) Carla Lee Kakutani MD		Date of Receipt
Mailing Address 438 Abbey St		04 04 2014
City	State Zip Code	Transaction ID : C2701180
Winters	CA 95694-1837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Sutter Medical Group	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) David Clark Kerr MD		Date of Receipt
Mailing Address 2010 35Th St		04 16 2014
City	State Zip Code	Transaction ID : C2715995
Snyder	TX 79549-4606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Covenant Medical Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Edmund A Kim MD		Date of Receipt
Mailing Address 9 Timothy Dr		04 09 2014
City	State Zip Code	Transaction ID : C2704514
West Hartford	CT 06110-2027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.00	
SURTOTAL of Receipts This Page (option	nal) ▶	3230.00

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee	
American Academy of Fami	ly Physicians Political Action Comm	Ittee
Susan Karen Kinast-Porter MD		Date of Receipt
Mailing Address 2302 11th St		04 08 2014
City	State Zip Code	Transaction ID : C2703867
Monroe	WI 53566-1811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health System	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Gregory King MD		Date of Receipt
Mailing Address 1120 Vail Rd		M = M / D = D / Y = Y = Y
City	Stato Zin Codo	04 25 2014
City Bennington	State Zip Code VT 05201-9597	Transaction ID : C2721524
	3320.7 330.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) William Eric Kobler MD	1	Date of Receipt
Mailing Address 6729 Millbrook Dr		04 08 2014
City	State Zip Code	Transaction ID : C2703890
Rockford	IL 61108-4310	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	_
OSF Healthcare Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (option	al)	925.00
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Full Name (Last, First, Middle Initial) Peter J Koopman MD Mailing Address, 1011 Sycamore Lp.		Date of Receipt
Mailing Address 1011 Sycamore Ln		04 09 2014
City	State Zip Code	Transaction ID : C2704701
Columbia	MO 65203-2962	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Anton J Kuzel MD		Date of Receipt
Mailing Address PO Box 980251		M = M / D = D / Y = Y = Y
City	State Zip Code	04 16 2014 Transaction ID : C2716274
Richmond	VA 23298-0251	Transaction ID : C2716274 Amount of Each Receipt this Period
FEC ID number of contributing		sair of East Hoodpt this Follow
federal political committee.	C	365.00
Name of Employer	Occupation	
Virginia Commonwealth University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)		
Robert B Laibstain MD		Date of Receipt
Mailing Address 6072 River Cres		04 08 _2014 _
City	State Zip Code	Transaction ID : C2703894
Norfolk	VA 23505-4707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
TPMG - Newport News	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Lucius Marion Lampton MD Date of Receipt Mailing Address 111 Magnolia St 04 2014 City Zip Code State Transaction ID: C2715985 39652-2825 MS Magnolia Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Magnolia Clinic Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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Full Name (Last, First, Middle Initial) Jay Won Lee MD		Date of Receipt
Mailing Address 450 E Spring St Ste 1		04 08 2014 _
City	State Zip Code	Transaction ID : C2703810
Long Beach	CA 90806-1625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
UC Irvine School of Medicine	Associate Clinical Professor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) Robyn A Liu MD Date of Receipt Mailing Address 1604 SE Stark St 2014 04 14 City State Zip Code Transaction ID: C2713462 OR Portland 97214-1459 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Oregon Health & Science University

SUBTOTAL of Receipts This Page (optional)	·····	1365.00
Primary General Other (specify) ▼	500.00	
Receipt For:	Aggregate Year-to-Date ▼	
Oregon Health & Science University	Assistant Professor of Family Medicine	

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NAME OF COMMITTEE (In Full)		
igr > American Academy of Family Pl	nysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) A. Cathleen G London MD		Date of Receipt
Mailing Address 440 W End Ave		04 09 2014 The state of the sta
City	State Zip Code	Transaction ID : C2704719
New York	NY 10024-5358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Catherine McCarthy Md McCarthy M	ID	Date of Receipt
Mailing Address 1140 Monroe Ct		04 28 2014
City	State Zip Code	Transaction ID : C2722071
Reno	NV 89509-2600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) C. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		04 16 2014 _
City	State Zip Code	Transaction ID : C2715990
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
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365.00

С

Occupation Physician

Aggregate Year-to-Date ▼

365.00

federal political committee.

Other (specify)

General

Name of Employer

Primary

Self Employed Receipt For:

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250.00

С

Occupation Physician

Aggregate Year-to-Date ▼

250.00

FEC ID number of contributing

Summit Medical Group, PLLC

Other (specify)

General

federal political committee.

Name of Employer

Primary

Receipt For:

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Cheri L Olson MD Date of Receipt Mailing Address 815 10th St S 04 2014 28 City Zip Code State Transaction ID: C2722058 WI La Crosse 54601-4764 Amount of Each Receipt this Period FEC ID number of contributing 740.00 federal political committee. Name of Employer Occupation Mayo Clinic Health System Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ricardo J Ortega Ortega Date of Receipt Mailing Address 5519 Rabadi Castle Ave NW 04 2014 24 City State Zip Code Transaction ID: C2721513 NM Albuquerque 87114-1412 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Roanne Michele Osborne-Gaskin MD Date of Receipt Mailing Address 13 Fox Ridge Cres 04 2014 04 City State Zip Code Transaction ID: C2702713 RΙ Warwick 02886-1705 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Associate Medical Director Neighborhood Health Plan of Rhode Isla Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1605.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Elissa J Palmer MD Date of Receipt Mailing Address 2410 Fire Mesa St Ste 180 04 09 2014 City State Zip Code Transaction ID: C2704705 NV 89128-9017 Las Vegas Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Graue Pratt Date of Receipt Mailing Address 1239 120th Ave NE 04 09 2014 City State Zip Code Transaction ID: C2704718 WA 98005-2133 Bellevue Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michelle Quioque MD Date of Receipt Mailing Address 2460 Pine St 2014 04 21 City State Zip Code Transaction ID: C2721397 CA Bakersfield 93301-2742 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation **KP-SCPMG** Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

FEC Schedule A (Form 3X) Rev. 02/2003

1095.00

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FOR LI	NE NUI	MBER:	PAGE	3	31	OF	48
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) David C Rau MD Date of Receipt Mailing Address 4232 N Riverside Dr 04 2014 16 City State Zip Code Transaction ID: C2716009 IN Columbus 47203-1121 Amount of Each Receipt this Period FEC ID number of contributing 370.00 federal political committee. Name of Employer Occupation Physician Rau Family Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) Full Name (Last, First, Middle Initial) B. Stephanie D Redding MD Date of Receipt Mailing Address PO Box 1400 04 28 2014 City State Zip Code Transaction ID: C2725482 TX 76667-1400 Mexia Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Cornerstone Family Care Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Eddie Richardson MD Date of Receipt Mailing Address 153 McGehees Trl 2014 04 16 City State Zip Code Transaction ID: C2716067 GA Eatonton 31024-5786 Amount of Each Receipt this Period FEC ID number of contributing 200.00 С federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 935.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr		04 28 2014
City	Transaction ID : C2722086	
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	7
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	99.094.0 104. 10 Edito V	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Renee Roy Md Roy MD	•	Date of Receipt
Mailing Address 1812 Whispering Trl		04 16 _2014
City	State Zip Code	Transaction ID : C2716069
Midwest City	OK 73130-7048	Amount of Each Receipt this Period
•		, another of Each Hoodipt this I chou
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Gloria Gloria Ruiz MD		Date of Descipt
		Date of Receipt
Mailing Address 1 Enebro PI		04 16 2014
City	State Zip Code	Transaction ID : C2716013
Santa Fe	NM 87508-8837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33.13.13.13.24.6 (
Other (specify) ▼	365.00	
) >	830.00

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	and Statements may not be sold or used by any per g the name and address of any political committee					
NAME OF COMMITTEE (In Full)						
American Academy of Famil	y Physicians Political Action Commi	ttee				
Full Name (Last, First, Middle Initial) 1. Jesse Taylor Schonau		Date of Receipt				
Mailing Address 9260 Regents Rd Unit G	Mailing Address 9260 Regents Rd Unit G					
City	04 28 2014 Transaction ID : C2725490					
La Jolla	CA 92037-1494	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer	Occupation					
Information Requested	Information Requested					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial) Alan I Schwartzstein MD	•	Date of Receipt				
Mailing Address 929 Harding St		04 09 _2014 _				
City	State Zip Code	Transaction ID : C2704713				
Oregon	WI 53575-2881	Amount of Each Receipt this Period				
FEC ID number of contributing		1				
federal political committee.	C	500.00				
Name of Employer	Occupation					
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify) ▼	500.00					
Full Name (Last, First, Middle Initial) C. Jon C Seager MD		Date of Receipt				
Mailing Address 602 Church St SW		04 09 2014				
City	State Zip Code	Transaction ID : C2704702				
North Canton	OH 44720-2904	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer	Occupation	1				
Self Employed	Physician	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	500.00					
		1365.00				
SUBTOTAL of Receipts This Page (optional	b	1303.00				
TOTAL This Period (last page this line num	nber only)					

Use separate schedule(s) for each category of the

FOR LINE	NUMBER:	PAGE	34 OF	48
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Neel Shah Date of Receipt Mailing Address 117 N Mechanic St 04 08 2014 City State Zip Code Transaction ID: C2704150 NY Carthage 13619-1252 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lisa Gail Soldat MD Date of Receipt Mailing Address 6940 NW Beaver Dr 04 17 2014 City State Zip Code Transaction ID: C2717680 IΑ **Johnston** 50131-1246 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation **Broadlawns Medical Center** physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas Alan Spotts MD Date of Receipt Mailing Address 45 Forestwood Dr 80 2014 04 City State Zip Code Transaction ID: C2703829 PΑ Lewisburg 17837-6213 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician **Evangelical Community Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:				PAGE	3	35	OF		48	
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Elizabeth Steiner MD Mailing Address 3181 SW Sam Jackson Pa City Portland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	•	Date of Receipt 04 09 2014 Transaction ID : C2704715 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	500.00	
Address 44818 Oro Grande Cir City Indian Wells FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Center Receipt For: Primary General Other (specify)	State Zip Code CA 92210-7411 C Occupation physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 30 2014 Transaction ID : C2725376 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Maureen P Strohm MD Mailing Address 3835 Fairmeade Rd City Pasadena FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Center Receipt For: Primary General Other (specify)	State Zip Code CA 91107-2229 C Occupation Physician Aggregate Year-to-Date ▼ 1000.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1250.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Richard A Stuntz MD		Date of Receipt
Mailing Address 6812 Trinity Landing Dr N		04 28 2014
City	State Zip Code	Transaction ID : C2722049
Fort Worth	TX 76132-3742	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) 3. Erica Williams Swegler MD		Date of Receipt
Mailing Address 300 N Rufe Snow Dr	04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C2671880
Keller	TX 76248-4235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Chnmar H Thaung MD		Date of Receipt
Mailing Address 1721 W Yosemite Ave		04 28 _ 2014 _
City	State Zip Code	Transaction ID : C2722042
Manteca	CA 95337-5130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Kiezer Permenente	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		748.34
TOTAL This Period (last page this line number	er only)	

Primary

В.

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Suchmor Thomas MD Date of Receipt Mailing Address 5126 Candlewood Dr 04 08 2014 Apt 2 City State Zip Code Transaction ID: C2703881 TX League City 77573-3190 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician **Emcare** Receipt For: Aggregate Year-to-Date ▼

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD		Date of Receipt
Mailing Address PO Box 960		04 24 2014
City	State Zip Code	Transaction ID : C2721406
Castroville	TX 78009-0960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
Self	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) c. Gregg K VandeKieft MD Date of Receipt Mailing Address 413 Lilly Rd NE 2014 04 23 City State Zip Code Transaction ID: C2720301 WA 98506-5133 Olympia Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Employed

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)		•		 	 7		925.	.00	
TOTAL This Period (last page this line number	only)	•			,	Ξ			

365.00

Receipt For:

Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Jane A Weida MD Mailing Address 1011 Handsome PI		Date of Receipt
		04 10 2014
City	State Zip Code	Transaction ID : C2708995
Lititz	PA 17543-9708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	04 05 2014
Dahlonega	GA 30533-1603	Transaction ID : C2702740 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each freceipt this Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	
Chestatee Regional Hospital	physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Gustav C Wilde MD		Date of Receipt
Mailing Address PO Box 773		04 16 _ 2014 _
City	State Zip Code	Transaction ID : C2715992
Franklin	NC 28744-0773	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer	Occupation	
Franklin Family Ppractice	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
SUBTOTAL of Receipts This Page (optional		1300.00

SCHEDULE A (FEC Form 3X) IT

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ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the p	urpose of	soli	citing o	cont	ributi	ons	
r for commercial nurnoses, other than using the name and a	ddress of any political committee	to sol	icit cont	rihutions	from	such	com	mitte	6	

NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Charles E Williams MD Date of Receipt Mailing Address 817 Neuse Ridge Dr 04 08 2014 City State Zip Code Transaction ID: C2703821 NC Clayton 27527-5329 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Vincent J WinklerPrins MD Date of Receipt Mailing Address Georgetown University School of Me 3900 Reservoir Road NW 04 80 2014 City State Zip Code Transaction ID: C2703814 Washington DC 20007-2126 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Medstar Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ashby Jane Wolfe MD Date of Receipt Mailing Address 4378 17th St 09 2014 04 City State Zip Code Transaction ID: C2704712 CA San Francisco 94114-1888 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1095.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	he name and address of any political committee the property of	
American Academy of Family Full Name (Last, First, Middle Initial) kevin Michael wong MD Mailing Address 196 Connor Dr City Jeannette FEC ID number of contributing federal political committee. Name of Employer UPMC PSD Receipt For: Primary General Other (specify)	State Zip Code PA 15644-1162 C Occupation physician Aggregate Year-to-Date ▼	Date of Receipt 04 01 2014 Transaction ID: C2671362 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Joseph W Zebley MD Mailing Address 3810 Juniper Rd City Baltimore FEC ID number of contributing federal political committee. Name of Employer Greenspring Medical Associates Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MD 21218-1827 C Occupation Physician Aggregate Year-to-Date ▼ 500.00	Date of Receipt 04 08 2014 Transaction ID: C2703833 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 48 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ıns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			M M / D D / Y Y Y Y Y
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C2721389 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		670.94
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2642.89	
— В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
-	Full Name (Last, First, Middle Initial)			Date of Receipt
•	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			670.94

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670.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 48 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
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	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	s Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS Mailing Address 20 F St NW			Date of Receipt
	Ste 500			04 30 2014
	City	State	Zip Code	Transaction ID : C2725416
	Washington	DC	20001-6703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0347476	2500.00
	Name of Employer	Occupation	1	
	Receipt For: 2014	Aggregate	Year-to-Date ▼	
	Primary X General	133.73		1
	Other (specify) ▼		2500.00	
В.	Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGI	٧		Date of Receipt
	Mailing Address PO Box 5197			04 21 2014
	City	State	Zip Code	Transaction ID : C2719612
	St. Croix	VI	00823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0320754	5000.00
	Name of Employer	Occupation	1	
	Receipt For: 2014	Aggragata	Year-to-Date ▼	
	Primary General	Aygregate	rear-to-Date ▼	
	Other (specify) ▼		5000.00	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
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	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		Amount of Each receipt this Feriod
	Name of Employer	Occupation	1	
	Receipt For: Primary General Other (specify) ▼	30 0	Year-to-Date ▼	
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S	CHEDULE B (FEC Form 3X)				FOR	LINE	NUMB	ER:				PAGI	E 43	OF	48
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\setminus	NAME OF COMMITTEE (In Full)														
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_	Full Name (Last, First, Middle Initial)														
Α.	American Express						Dat	e of	Disb	urse			YY	Y	
	Mailing Address PO Box 53852						(04		01			2014		
		State	Zip Code				Tr	ansa	ctio	n ID	: D1	157382			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee						Amo	ount	of E	ach I	Disk	ourseme	nt this	Peri	od
	Candidate Name				ategor Type	ry/			,		_	,	1	1.38	
	Office Sought: House Disbursen														
		Primary Other (spec	General												
	State: District:	Other (spec	City) \												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Dat	e of	Disb	ursei					
	Mailing Address PO Box 53852						М	04	/	03		/ Y	2014	Y	
	City S	State AZ	Zip Code 85072-3852				Tr	ansa	ctio	n ID		157383			
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	Candidate Name						Amo	ount	OI E	acn	DISC	ourseme	ent this	Peri	3a
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	Office Sought: House Disbursen Senate		Conoral												
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	State: District:		Jany) ▼												
C.	Full Name (Last, First, Middle Initial) American Express						Dat	e of	Disb	ursei	mer	nt			
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	Mailing Address PO Box 53852						()4		04		L	2014		
		State AZ	Zip Code 85072-3852				Tr	ansa	ctio	n ID	: D1	157384			
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	Bank card processing fee						Amo	ount	of E	ach	Disk	ourseme	ent this	Peri	od
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	Office Sought: House Disbursen	nent For:										,			
		Primary	General												
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SCHEDULE B (FEC For	m 3X)			LINE I	INE NUMBER: PAGE 44 OF 48						
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NAME OF COMMITTEE (In Full)											
American Academy of F	amily Phys	sicians F	Political Action	on Cor	nmitte	ee 					
Full Name (Last, First, Middle Initia	1)										
A. American Express						Date of	f Disburse		YYY	Y	
Mailing Address PO Box 53852						04	C	08	2014		
City	5	State	Zip Code			Trans	action ID	: D15738	5		
Phoenix		AZ	85072-3852			mano	aotion ib		•		
Purpose of Disbursement Bank card processing fee						Amoun	t of Each	Disburser	nent this	Period	
Candidate Name				Catego Type					8	31.25	
Office Sought: House	Disburser										
Senate President		Primary Other (spe	General								
State: District:		Other (she	Ciiy) ▼								
Full Name (Last, First, Middle Initia	D										
B. American Express	.,						f Disburse				
Mailing Address PO Box 53852						04	/ D	14	2014	Y	
City Phoenix		State AZ	Zip Code 85072-3852			Trans	saction ID) : D15752	4		
Purpose of Disbursement Bank card processing fee						Amoun	t of Each	Disburser	nent this	Period	
Candidate Name				Catego			-,		17	72.54	
Office Sought: House Senate President	Disburser	nent For: Primary Other (spe	General cify) ▼								
State: District: Full Name (Last, First, Middle Initia	1)										
C. American Express	1)						f Disburse				
Mailing Address PO Box 53852						04	/ D	4 Y	2014	Y	
City Phoenix		State AZ	Zip Code 85072-3852			Trans	action ID) : D15752	5		
Purpose of Disbursement Bank card processing fee		<i>N</i> L	03072-3032		\neg			5			
Candidate Name				Catego		Amoun	t of Each	Disburser		Period 5.49	
Office Sought: House	Disburser	nent For:	I				, ,	, ,			
Senate		Primary	General								
President		Other (spe	cify) 🔻								
State: District:											
SUBTOTAL of Disbursements This P TOTAL This Period (last page this lir								7	28	9.28	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS					FOR LINE NUMBER: PAGE 45 OF 48										
		Use separate schedule(s) for each category of the	\ I	(check only			one)								
			Summary Page		×	21b	2			23		24	25		26
_						27		8a		28b		28c	29		30b
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\setminus	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians P	Political Acti	on (Com	mitt	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	- American Express						Date of Disbursement								
	Mailing Address PO Box 53852							04	_	1	8		2014	_	
		State	Zip Code				Tı	ansa	actio	on ID	: D'	157930			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee						Am	ount	of I	Each	Disl	ourseme	nt this	Peri	od
	Candidate Name				ategor Type	γ/				,				3.25	
	Office Sought: House Disbursen Senate	nent For: Primary	General												
	President State: District:	Other (spec	cify) 🔻												
_	Full Name (Last, First, Middle Initial)														
В.	American Express						Dat	e of	Dis	burse	mer	nt			
	Mailing Address PO Box 53852						M	04	/	2	- 1	/ Y	2014	Y	
	City	State	Zip Code				т.	ane	acti	on ID	· D	157931			
	Phoenix	AZ	85072-3852				• •	ans	acti	טוו ווט	٠.	13/331			
	Purpose of Disbursement Bank card processing fee		Г			Am	ount	of I	Each	Disl	ourseme	ent this	Peri	od	
	Candidate Name				ategor Type	y/				,			3	3.47	
	Office Sought: House Disbursen	nent For:													
		Primary	General												
	President State: District:	Other (spec	cify) 🔻												
С	Full Name (Last, First, Middle Initial)						Dat	e of	Dis	burse	mer	nt			
•	American Express						M M / D D / Y Y Y Y								
	Mailing Address PO Box 53852							04		2		Ĺ	2014		
		State AZ	Zip Code 85072-3852				Ti	ans	acti	on ID	: D	157933			
	Purpose of Disbursement Bank card processing fee		00072 0002			\neg									
	Candidate Name				ategor Type	ry/	Am	ount	of I	Each	Disl	ourseme		Peri 7.21	
	Office Sought: House Disbursen	nent For:			.,,,,					,		7			
		Primary	General												
		Other (spec	cify) 🔻												
_	State: District:		<u> </u>												
5	SUBTOTAL of Disbursements This Page (optional)					>						,	5	3.93	
1	TOTAL This Period (last page this line number only)					•				,		,			

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 46 OF 48								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CITCON C								
	Detailed Summary Page	X 21		23 28b	24 28c	25 29	26 30b			
Any information copied from such Departs and Chitage	nonte may not be cold as									
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NAME OF COMMITTEE (In Full)		_	•							
American Academy of Family Phys	icians Political Acti	on Comm	nittee							
Full Name (Last, First, Middle Initial)			Data at	D'alaman						
A. American Express	Date of	Date of Disbursement								
Mailing Address PO Box 53852	04	29	20							
•	State Zip Code		Trans	action ID : D	157934					
Phoenix Purpose of Disbursement	AZ 85072-3852			400 15 . 5	.0.00					
Bank card processing fee		Amount	of Each Dis	bursement	this Pe	riod				
Candidate Name		Category/	1			7.9	15			
Office Sought: House Disbursen	aont For:	Туре	_	7	7	7.0	,0			
	Primary General									
President	Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial)										
B. Bank Of America Merchant Service		Date of Disbursement								
Mailing Address WA2-505-01-40 PO Box 2485	04	02	20	14						
· · · · · ·	State Zip Code WA 99210-2485		Trans	action ID : D	157386					
Purpose of Disbursement Bank card processing fee			Amount	of Each Dis	bursement	this Pe	eriod			
Candidate Name	Category/	'				-				
		Type			7	336.9) 3			
Office Sought: House Disbursen Senate										
	Primary General Other (specify)									
State: District:	Canon (openity)									
Full Name (Last, First, Middle Initial)										
C.	Date of	Disburseme	nt							
Mailing Address	MM	M M / D D / Y Y Y Y								
City	State Zip Code									
	Zip Joue									
Purpose of Disbursement	1	of Faal: D'	buwa	thia D	ا۔ ماس					
Candidate Name		Category/ Type	Amount	of Each Dis	bursement	ınıs Pe	iloa			
Office Sought: House Disbursen	nent For:	71		-,	7					
	Primary General									
	Other (specify) ▼									
State: District:										
SUBTOTAL of Disbursements This Page (optional)						344.8	8			
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TOTAL This Period (last page this line number only)					7	717.8	3			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 47 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	27	28a 28b 28c 29					
Any information copied from such Reports and Statem								
or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	· ·							
American Academy of Family Phys	icians Political Acti	on Committ	ee					
Full Name (Last, First, Middle Initial)								
A. LEADERSHIP FOR TODAY AND T		Date of Disbursement						
Mailing Address 625 3rd St NE Apt 2			04 11 2014					
·	State Zip Code		Transaction ID D457400					
Washington	DC 20002-4942		Transaction ID: D157436					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	2500.00					
Office Sought: House Disbursen	nent For:							
	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Hope for Congress			Date of Disbursement					
		M M / D D / Y Y Y Y						
Mailing Address PO Box 3060		04 11 2014						
,	State Zip Code		Transaction ID : D157441					
Arlington Purpose of Disbursement	VA 22203-8060							
Campaign contribution			Amount of Each Disbursement this Perio					
Candidate Name		Category/						
Patrick Hope		Type	5000.00					
Senate	nent For: 2014 Primary General Other (specify)							
State: VA District: 08	(-11 7)							
Full Name (Last, First, Middle Initial)			D . (D)					
C. SCHAKOWSKY FOR CONGRESS	j		Date of Disbursement					
Mailing Address PO Box 5130		04 11 2014						
City	State Zip Code		Transaction ID - D457420					
Evanston	IL 60204-5130		Transaction ID : D157439					
Purpose of Disbursement Campaign contribution								
Candidate Name		0.1	Amount of Each Disbursement this Period					
Rep. Jan Schakowsky		Category/ Type	3000.00					
Office Sought: House Disbursen	nent For: 2014 Primary							
State: IL District: 09	(opeon)/ \							
SUBTOTAL of Disbursements This Page (optional)		·····•	10500.00					
TOTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)	Han announts asked	la/a\	E NUMBER:	PAGE 48 OF 48			
ITEMIZED DISBURSEMENTS	Use separate schedu for each category of	the College of		24 🗆 05 🗀 00			
	Detailed Summary Pa		22 X 23 28a 28b	24 25 26 28c 29 30			
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or for commercial purposes, other than using the name	ne and address of any p	political committee	to solicit contributions to	rom such committee.			
NAME OF COMMITTEE (In Full)	isiana Dalitiaal A	-4: O	:44				
American Academy of Family Phys	icians Political A	Action Comm	птее				
Full Name (Last, First, Middle Initial)			Date of Dishama	ont			
A. COMMITTEE TO ELECT MICHELI	SHAM	Date of Disbursement O4 11 2014					
Mailing Address 2015 DIETZ PL NW							
,	State Zip Code		Transaction ID :	D157438			
ALBUQUERQUE Purpose of Disbursement	NM 87107		- Transaction ib .	D137430			
Campaign contribution			Amount of Each Di	isbursement this Period			
Candidate Name		Category/					
Rep. Michelle Lujan Lujan Grisham		Type		1500.00			
	nent For: 2014	l					
Senate President	Primary Gene Other (specify)	rai					
State: NM District: 01	Other (specify)						
Full Name (Last, First, Middle Initial)							
B. TIM MURPHY FOR CONGRESS			Date of Disbursem	ent			
			M = M / D = D	/			
Mailing Address P.O. BOX 24551	04 11 2014						
City S PITTSBURGH	State Zip Code PA 15234		Transaction ID :	D157435			
Purpose of Disbursement	10234		_				
Campaign contribution			Amount of Each Di	isbursement this Period			
Candidate Name		Category/		2500.00			
Rep. Tim Murphy	. =	Type		2300.00			
	nent For: 2014 Primary Gene	ral					
President	Primary Gene Other (specify) ▼	ıaı					
State: PA District: 18	(
Full Name (Last, First, Middle Initial)			5 . (5)				
C.			Date of Disbursem				
Mailing Address	M M / D D	/					
City	State Zip Code						
•							
Purpose of Disbursement							
Candidate Name			Amount of Each Di	isbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursen	nent For:	1,400					
Senate	Primary Gene	ral					
President	Other (specify) ▼						
State: District:							
				4000.00			
SUBTOTAL of Disbursements This Page (optional)		·····		4000.00			
TOTAL This Period (last page this line number only)				14500.00			
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